

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN (HIRSP) CHOICE OF COVERAGE REQUEST

READ THE FOLLOWING BEFORE COMPLETING THIS FORM

This offer is not available to Wisconsin Health Insurance Risk Sharing Plan (HIRSP) Plan 2 policyholders.

Before you decide to change your Plan 1 coverage, we suggest you review: your financial situation, the cost of medical services you use in one year, the amount of the option's deductible, premium rates, and the additional information in the attached memorandum. Complete the bottom of this form and return it to HIRSP only if you decide to change your coverage.

HIRSP uses the information on this form solely for the purpose of changing your coverage as you request. You are not required to use this form to request a change of coverage, but your request must include the information requested on this form. HIRSP provides this form to you as a convenience.

INSTRUCTIONS

Once each calendar year, policyholders enrolled in Plan 1 may request a change between Option A and Option B. The requested change will be effective January 1 of the next calendar year if the policyholder notifies HIRSP before November 1 of the current calendar year.

This means you should:

1. Consider whether you want to change between Option A and Option B.
2. If you decide to change your coverage, fill out this form and sign it. *If you do not want to make a change, no action is required on your part.*
3. Return this form to HIRSP by November 1, 2004. You may mail it to HIRSP at 6406 Bridge Road, Suite 18, Madison, WI 53784-0018. Or, fax it to (608) 226-8770.
4. If you have questions, contact HIRSP Customer Service at (800) 828-4777 or (608) 221-4551.

INFORMATION NEEDED TO CHANGE COVERAGE

Yes! Effective January 1, 2005, please change my coverage to:

☐ Plan 1, Option A (\$1,000 deductible)

☐ Plan 1, Option B (\$2,500 deductible)

Name — Policyholder

Street Address

City

State

ZIP Code

HIRSP Identification Number

Current Plan

☐ Plan 1, Option A

☐ Plan 1, Option B

This offer is not available to Plan 2 policyholders.

SIGNATURE — Requestor

Date Signed